USAID Is Mapping Out a New Health Portfolio for Central Asian Republics

The U.S. Agency for International Development (USAID) Central Asian Republics (CAR) regional mission recently approved plans for a new portfolio of multi-year, multi-country health activities to help achieve results described in a new Health Results Framework. The time period estimated for achieving these results is five years, and the general geographic scope of the framework covers the countries of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan.

Based on the availability of funding, it is expected that the new activities proposed will meet the following health program elements of the Investing in People objective in the U.S. Foreign Assistance Framework (http://www.state.gov/documents/organization/88433.pdf):

- HIV/AIDS
- Tuberculosis (TB)
- Other Public Health Threats
- Maternal & Child Health
- Family Planning & Reproductive Health
- Water & Sanitation

USAID staff are now designing scopes of work and program descriptions for new solicitations. The solicitations will describe both regional and country-specific results expected. In general, the new USAID/CAR health portfolio will support the following U.S. government priorities:

- <u>Multi-Drug Resistant (MDR) TB Response</u>: In response to a dramatic increase in reported anti-TB drug resistance around the world, USAID is expanding assistance in the area of MDR TB. USAID's response supports the Global MDR TB and Extreme Drug Resistant (XDR) TB Response Plan and targets set forth in the World Health Organization (WHO) Stop TB Partnership's Global Plan to Stop TB 2006 2015. WHO has identified Kazakhstan, Uzbekistan, Tajikistan, and Kyrgyzstan on a list of 25 priority countries for MDR TB programming.
- <u>USAID's Maternal & Child Health (MCH) Initiative</u>: In early 2008, USAID developed a new approach to improving maternal & child health. This approach focuses the majority of USAID maternal and child health resources in 30 priority countries that account for at least 50 percent of infant, child, and maternal deaths worldwide. To date, Tajikistan is the only country under the USAID/CAR portfolio included in the list of priority countries. [link to USAID MCH report at http://www.usaid.gov/our_work/global_health/mch/publications/mch_report.html]
- The President's Emergency Plan for AIDS Relief (PEPFAR): This initiative, developed in 2003 and coordinated by the Office of the Global AIDS Coordinator, involves U.S. government agencies (e.g., Department of State, USAID, the U.S. Centers for Disease Control & Prevention, Department of Defense, and Peace Corps) to help countries provide HIV/AIDS prevention, treatment, and care.
- <u>Safe Water</u>: Support improved access to safe drinking water and basic sanitation.
- Partnerships: USAID will seek to formalize collaboration on its new health portfolio in Central Asia through agreements with CAR government counterparts. Although the type of agreement will likely vary across the region, the Agency's clear preference is to work through bilateral assistance agreements that serve as obligating documents. Since only one such agreement has been negotiated in this region (the Millennium Challenge Corporation agreement in Kyrgyzstan), much work remains to develop these agreements for USAID programs. Therefore, the benefits of bilateral assistance agreements must be weighed against the level of effort that USAID will need to invest in developing them.

USAID will strongly encourage the leveraging of resources through a variety of different types of partnerships (e.g., with the for-profit sector, foundations, other bilateral donors, etc.), which will contribute to USAID Administrator Fore's commitment to triple public-private partnerships.

Planned Program Highlights

Plans underway for future USAID/CAR health activities are briefly summarized below. Descriptions of all future activities are meant to be illustrative and will depend on a number of factors, such as the availability of funds and specific funding directives. As more resources become available, additional activities and new projects may be added to better support the USAID/CAR health results framework and the U.S. foreign assistance framework.

USAID/CAR awarded a five-year cooperative agreement to Mercy Corps in October 2008 in direct support of the Ministry of Health of Tajikistan's existing initiatives to introduce "integrated management of childhood illnesses" (IMCI) programming, and to further build capacity in maternal and newborn care, as well as monitoring of early childhood development and growth. All interventions are being carried out in concert with provincial and district health authorities — the primary partners and recipients of capacity-building support. The estimated life-of-project funding for this agreement is approximately \$3,000,000.

Beginning in January 2009, USAID/CAR plans to launch an MDR TB Case Management & Social Support project that will build on the successes of a USAID-funded, Almaty-based pilot project known as the Gorgas TB Initiative, which ended in September 2008. The project will be implemented through an existing grant to the Dutch TB foundation known as KNCV. The initial phase of the project is expected to last two years, funded at approximately \$8 million. The geographic scope of the project is all five Central Asian republics, although Kazakhstan will be the initial focus of the grant. In Kazakhstan, the project will work with the Ministry of Health, the Global Fund to Fight AIDS, TB and Malaria and others to expand MDR TB case management and social support services beyond the Gorgas pilot to other parts of Kazakhstan. The project will work with all five Central Asian republics on the adaptation of best practices from case management models to complement country-specific work on MDR TB.

A five-year Health Improvement Project will provide technical assistance, training, equipment and commodities to assist the Central Asian Republics to improve the quality, scope, and coordination of health services. By incorporating quality improvement techniques and international standards into ongoing health system reforms, this program will assist Central Asian countries to improve the management, financing, and implementation of medical services provided for tuberculosis (TB), HIV/AIDS, and maternal and child health care. USAID expects to carry out this project through a contract or task order. The total anticipated life-of-project funding for this program is \$90 million, and the geographic scope is all five Central Asian republics (with varying degrees and types of emphasis). The mission plans to share for public comment a draft scope of work in the December 2008 – January 2009 timeframe.

Planning for a new five-year regional HIV Outreach Program is also underway. This program would model and promote best practices for selected high-quality prevention and care services for most-at-risk populations. Themes under consideration include substitution therapy, treatment readiness (for injecting drug users), drug demand reduction, HIV counseling and testing, social support, safer sexual practices, police assistance, prerelease and post-release services for prisoners, stigma and discrimination, and accessible and friendly health care. The total anticipated life-of-project funding for this program is approximately \$20 million, and the geographic scope is all five Central Asian republics (with varying degrees and types of emphasis). Working in coordination with the Office of the Global AIDS Coordinator, USAID/CAR plans to share for public comment a draft program description sometime in early 2009.

In mid-2009, USAID/CAR hopes to initiate a five-year safe water activity in Tajikistan. Plans for the implementing mechanism and primary objectives are still under development. The anticipated funding level for this project is estimated at roughly \$4 million.

From time to time throughout the period of implementation of the new USAID/CAR health portfolio, USAID expects to fund targeted data collection and dissemination activities, as needed and as resources allow. These activities may include health surveys (e.g. UNICEF's Multi-Indicator Cluster Survey), needs assessments, targeted evaluations, data quality assessments, and special studies.